

NEWTON HOUSING REHABILITATION PROGRAM APPLICATION for nonprofit housing organizations and the Newton Housing Authority

APPLICANT INFORMATION

Name: _____

Organization: _____

Address: _____

Phone: _____

Email address: _____

Fax: _____

PROPERTY INFORMATION

Name/address of rental property to be assisted with Program funds: _____

Property owner: _____

Service provider(s), if applicable: _____

Number of units in the assisted structure: _____

Number of deed restricted, affordable units: _____ Bedroom breakdown: _____

Number of market rate units: _____

Number of occupied (affordable) units: _____

Number of vacant (affordable) units: _____

Total number of tenants in the assisted structure: _____

Is this a request from the Newton Housing Authority for work to a common area or non-residential area? If so, a written request for a waiver must accompany this application.

Waiver required? Yes: _____ N/A: _____

PROJECT WORK

Describe the work that requires Program assistance. If you have a cost estimate of the proposed work, please include that amount as well. If available, attach information regarding the building's(s') physical conditions that may be helpful to Program staff in evaluating your request for assistance.

PROJECT DEMOGRAPHICS

For a property(ies) that is currently occupied, please provide the following information for each unit/household to be assisted with Program funds:

Ethnicity: Number of Hispanic or Latino tenants: _____

Race: Number of White tenants: _____

Number of Black or African American tenants: _____

American Indian/Alaskan Native tenants: _____

Asian tenants: _____

Native Hawaiian or Other Pacific Islander tenants: _____

Number of children under age 6 residing in unit(s): _____

Identify which units by apartment #: _____

Number of persons with disabilities residing in unit(s): _____

Number of female heads of household: _____

Number of tenants who are 62 years or older: _____

Will the project directly benefit the homeless or help prevent homelessness? Yes: _____ N/A: _____

Will the project directly benefit persons with HIV/AIDS? Yes: _____ N/A: _____

Are there other funds being used in the project? If so, please identify these funds:

TENANT HOUSEHOLD INCOME

Number of very low-income tenants whose household income is at or under 30 percent of area median income: _____

Number of low-income tenants whose household income is at or under 50 percent of area median income: _____

Number of moderate-income tenants whose household income is at or under 80 percent of area median income: _____

By signing below, Applicant(s) requests the Newton Housing Office to review this application for the purpose of determining eligibility to receive funding assistance through the Newton Housing Rehabilitation Program. Applicant declares that they have read and understand the guidelines of the Program. Applicant authorizes the Newton Housing Office to use before and after photographs and/or videos of the repaired/restored property for promotional or informational purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of his/her knowledge.

Applicant: _____

Date: _____